

**PRINTER RUSH**  
(PTO ASSISTANCE)

Application : 091917054

Examiner : Corriedus

GAU : 2162

From: J. Black

Location: (IDC) FMF FDC

Date: 4/21/05

Tracking #: 06083362

Week Date: 3/7/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input checked="" type="checkbox"/> OATH	<u>7/27/01</u>	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

**[RUSH] MESSAGE:**

Please verify state of residence for third inventor,  
Wahed Saffad.

Thank you!

**[XRUSH] RESPONSE:**

For printing there is a typo for the 3<sup>rd</sup> inventors  
~~state~~ state there is no TM it is TN for Tennessee.  
thanks Bibsheet updated per zip code.

INITIALS: [Signature]

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

*Done for O.P.  
out*



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6259

<b>SERIAL NUMBER</b> 09/917,054	<b>FILING OR 371(c) DATE</b> 07/27/2001 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2162	<b>ATTORNEY DOCKET NO.</b> RSW920010145US1
------------------------------------	---	---------------------	-------------------------------	---

## APPLICANTS

Cary Lee Bates, Rochester, MN;  
 John Matthew Santosuosso, Rochester, MN;  
 Waheed Sujjad, Nashville, TN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

46370

## TITLE

## IDENTIFYING LINKS OF INTEREST IN A WEB PAGE

<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---